



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Dear Applicant:

Thank you for your interest in participating in MassHealth. Enclosed is an enrollment packet with the required application forms and a checklist on the reverse side of this letter for all required application documents.

Before submitting your application, you should review MassHealth's all-provider regulations (130 CMR 450.000) and all applicable program-specific regulations. You can access these regulations from the MassHealth website at <https://www.mass.gov/service-details/masshealth-provider-regulations>.

Note: Provider payment rates that are applicable to MassHealth-covered services can be accessed on the Executive Office of Health and Human Services website at www.mass.gov/eohhs/gov/laws-regs/hhs/provider-payment-rates.html.

To ensure that your application is processed in a timely manner, you must return all the required forms and requested verifications. Return your completed application packet to the following address.

MassHealth Customer Service Center

Attn: Provider Enrollment and Credentialing

PO Box 121205

Boston, MA 02112-1205

MassHealth will notify you in writing about its decision on your application. You are not a participating MassHealth provider until you have satisfied the enrollment requirements and have been notified that your enrollment has been approved. Payment will not be made for any claims submitted for services, care, or supplies furnished before the enrollment date authorized by MassHealth.

If you have any questions about the completion of these forms or the enrollment process, please contact the MassHealth Customer Service Center by email at providersupport@mahealth.net or by phone at (800) 841-2900.

Sincerely,

MassHealth

PROVIDER ENROLLMENT CHECKLIST: MEDICAL PRACTITIONER

Providers who participate in MassHealth are responsible for delivering crucial services to MassHealth members with disabilities and other vulnerable populations. Providers should be aware of the Americans with Disabilities Act (ADA) and its requirements. The U.S. Department of Justice, which enforces the ADA, has issued guidance for providers on providing access to medical care for individuals with mobility disabilities. Please review this guidance and determine whether changes to your facilities, programs, and services are necessary. Please see www.ada.gov/medicare_mobility_ta/medicare_ta.htm.

Please carefully review the following list of items that you need to include with your application. This list is designed to help ensure that your application is complete. Submitting an incomplete application may result in the delay or denial of your application. Each of these documents has been included in the enrollment packet you received. Please note that this list is only a guide and is not intended to alter or supersede any application requirements set forth in the applicable state and federal regulations. All but two of the forms referenced on this checklist are available for download at www.mass.gov/masshealth-provider-forms.

A. ALL applicants must submit the following.

- ☐ 1. A completed Medical Practitioner Provider Application (PE-MP)
- ☐ 2. A signed MassHealth Provider Contract for Individuals (GEN-15)
- ☐ 3. A completed Data Collection Form (POSC-DC)

It is important that MassHealth providers, trading partners, and relationship entities review and adhere to the Virtual Gateway (VG) Terms and Conditions. Each user is prompted to agree with the VG Terms and Conditions upon initial sign-in on any Commonwealth VG-hosted application (e.g., MMIS). Sharing user IDs is a violation of the policy. Any user who violates the VG Terms and Conditions will be subject to termination of their user ID.

- ☐ 4. A completed Federally Required Disclosure Form for Individual Practitioners (PE-FRD-IN)

B. Individual practitioners practicing independently, and individual practitioners practicing **both** independently **and** as part of a group practice or other organization, must submit the following. However, if an individual practitioner is **only** practicing as part of a group practice or other organization, the documents below are not required.

- ☐ 1. Massachusetts Substitute W-9 Form (MA-W-9) (Refer to the Tips for Completing the Massachusetts Substitute W-9 Form (APP-2) when completing this form.) MassHealth does not accept the federal W-9 Form.
- ☐ 2. An Electronic Funds Transfer Enrollment/Modification Form (EFT-1) (Please include a voided check with your EFT-1 form.)
- ☐ 3. An Electronic Remittance Advice Enrollment/Modification Form (ERA-1)
- ☐ 4. A signed Trading Partner Agreement (TPA)

C. Certain providers, as indicated below, must submit the following.

- ☐ 1. Providers who are interested in enrolling in the PCC plan must submit a completed Primary Care Clinician (PCC) Plan Provider Application (APP-PCC) along with a Primary Care Clinician (PCC) Plan Signature Page CON-PCC-SP and the PCC Contract.
- ☐ 2. Providers who are Qualified Medicare Beneficiary (QMB)-Only Providers must submit a MassHealth Contract for QMB-Only Providers (QMB-1).

The Medical Practitioner Provider Application (PE-MP), the Primary Care Clinician (PCC) Plan Signature Page (CON- PCC-SP), the Primary Care Clinician Plan Provider Application (APP-PCC), and the PCC Contract are available from the MassHealth Customer Service Center upon request. If you have any questions about the application packet, please contact the MassHealth Customer Service Center by email at providersupport@mahealth.net or by phone at (800) 841-2900.